

COVID-19 INTAKE FORM

This form is to be filled out for every client, every time that they come for an appointment.

Client Name _____

Date _____ **Phone** _____

I consent to having my temperature taken and recorded in this intake form, which will become part of my treatment record.

Client Signature: _____

***** THIS PORTION IS NOT REQUIRED UNTIL JULY 2, 2020.**

Current temperature? _____

Signs of a fever:

- in adults: 38°C (100.4°F) and above,
- in older adults: 37.8°C (100°F) and above,
- in children: 38°C (100.4°F) and above
- or 1.1°C above the person's usual value

Is the temperature below 38°C (100.4°F)?

YES NO

Therapist Read the following Statement aloud:

- In order to protect yourself, your therapist, honest disclosure about your health and other activities is essential. Please answer the following questions with a yes or a no answer

Are you experiencing any of the following?

- severe difficulty breathing (e.g., struggling for each breath, speaking in single words)
- severe chest pain
- having a very hard time waking up
- feeling confused
- lost consciousness

YES NO

Are you experiencing any of the following?

- shortness of breath at rest
- inability to lie down because of difficulty breathing
- chronic health conditions that you are having difficulty managing because of your current respiratory illness

YES NO

Do you have any of the following?

- fever
- new onset of cough or worsening of chronic cough
- new or worsening shortness of breath
- new or worsening difficulty breathing
- sore throat
- runny nose

YES NO

Do you have any of the following?

- chills
- painful swallowing
- stuffy nose
- headache
- muscle or joint ache
- feeling unwell, fatigue or severe exhaustion
- nausea, vomiting, diarrhea or unexplained loss of appetite
- loss of sense of smell or taste
- conjunctivitis (pink eye)

YES NO

In the past 14 days, did you return from travel outside of Canada, or did you have close contact with someone who is confirmed as having COVID-19?

YES NO

If the client answered yes to any of these questions they are absolutely contraindicated for massage or manual osteopathic treatment. TREATMENT UNDER THESE CONDITIONS CANNOT PROCEED! They need to be instructed to self-isolate and contact the local health authority about their symptoms.

You have a responsibility to help prevent the spread of COVID-19. There are steps you can take to protect yourself and others.

- Practice **physical distancing**. This is not the same as **self-isolation**. You do not need to remain indoors, but you do need to avoid being in close contact with people.
- Practice good hygiene: wash hands often, cover coughs and sneezes, and avoid touching your face.
- Monitor for COVID-19 symptoms: fever, cough, shortness of breath, sore throat or runny nose.

If you do develop any COVID-19 symptoms, stay home and take this self-assessment again.

Form Completed By: _____ Date: _____